



## Physiotherapy Training Program Defects in Geriatrics: A Qualitative Study

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### Abstract

**Background:** To review the educational program of physical therapy students at the basic level, it is necessary to understand the challenges and problems faced by physical therapy graduates when working with the elderly. This study aimed to explain the deficiencies of the basic level educational program of physical therapy students with a qualitative study of the content analysis type.

**Methods:** In-depth and semi-structured face-to-face interviews were conducted in qualitative research with a content analysis approach, with 13 physical therapists with at least 1 year of experience in the specialized field of geriatrics. The obtained data were analyzed using Granheim and Loudman's content analysis method.

**Results:** A total of 29 codes of the physical therapy program defects in the field of geriatrics were obtained and placed in the 3 main categories as follows: The physical therapist's knowledge, the physical therapist's attitude, and the physical therapist's skill.

**Conclusion:** The findings indicated that revisions are necessary to the undergraduate physical therapy training curriculum. It is possible to provide a lesson unit with a holistic approach to the elderly in the form of a physical therapy unit for the elderly, as well as valid instructions and guidelines in the field of aging for physical therapists. This can be done through basic or master's level internships in elderly care centers.

**Keywords:** Defects and Deficiencies, Educational Program, Elderly, Physiotherapy

**Conflicts of Interest:** None declared

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### Introduction

The World Health Organization has estimated that the elderly population will reach 2 billion by 2050 (1). The elderly experience a gradual decline in their body strength, walking speed, manual dexterity, memory, and cognitive skills, which complicates the diagnosis, treatment, and natural course of their health conditions. Chronic diseases of the heart, respiratory, rheumatism, neurology, musculo-skeletal, and complications of immobility and frequent falls, hospitalization, and acute accidents such as stroke and

heart and fractures are among the causes of physical disability in the elderly (2).

In the absence of injury caused by falling, the tendency to lose balance among the elderly often leads to a general decrease in the level of mobility and a decrease in the ability to perform daily activities and accept different social roles (3).

Geriatric care requires an international curriculum or an advanced degree in geriatric care. A study that looked at the

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#### ↑What is “already known” in this topic:

To provide high-quality services, the physical therapy program must be updated to include qualified physical therapists in the care and treatment of the elderly, as the number of elderly people with significant care needs continues to rise.

#### →What this article adds:

In addition to identifying the work needs of physical therapists, the elderly, professors, and families of the elderly as beneficiaries, this study highlights the need for physical therapists to have adequate knowledge and comprehension of the aging phenomenon, as well as to adopt positive attitudes toward the elderly and gain internships in senior centers and direct experience with the elderly to enhance their professional skills.

content of the physical therapy training program for the elderly presented methods for caring for the elderly by emphasizing the value of self-care training, interprofessional education, and teamwork, with a focus on the intervention section.

Finally, through the active interaction of students with the elderly, it promised to increase the awareness of physical therapy students about the elderly and also to increase the desire to work in this field (4, 5). Another study was conducted to examine the integration of health education and social services for the elderly and to examine its recent developments. This study identified a large number of aged care competency frameworks that could contribute to curriculum, educational accreditation, or professional regulation, but despite these developed competencies, most educational administrators, academics, and regulators are unaware of them. Items are not self-aware, and as a result, this information is used to design or improve the curriculum (6). In the study reported in Iran, physical therapists need to be reviewed for the quality visits of elderly patients at the level of expert units. As a member of the health care team, physical therapists help to improve the quality of life of the elderly, they must have sufficient skills in their training courses to evaluate and treat skeletal, neurological, and muscular disorders of the elderly (7). Physical therapy educational programs do not pay enough attention to the lives of the elderly and their daily problems, including immobility and joint problems, and students do not have enough contact with the elderly. On the other hand, the lack of direct access of physical therapists to clients leads to Iranian physical therapists often being reluctant to work with elderly people (8, 9).

Accordingly, there is a need for a suitable training program for the competence and empowerment of physical therapists in the care and treatment of the elderly. The growth and development of physical therapy is significantly influenced by the professional abilities and potential of its new graduates, and the training process must equip physical therapists for professional survival in the healthcare environment. Therefore, the present research aims to explain the defects of physical therapy training programs in the field of the geriatrics.

## Methods

In this qualitative study, 13 physical therapists (6 women and 7 men) with at least a year of specialized work experience in day or overnight care facilities for the elderly in Tehran and Karaj participated in this thorough, semi-structured interview utilizing the content analysis approach.

Demographic characteristics of participants are presented in Table 1. Also, face-to-face and purposeful sampling continued until data saturation, as in other qualitative research, the criterion for the end of sampling is theoretical saturation. Therefore, we reached saturation with 11 interviews with physical therapists who have worked in the field of geriatrics, and to further ensure the accuracy of the data, 2 more interviews were conducted; nonetheless, no new information was obtained.

Before sampling, the code of ethics (IR.IUMS.REC.1400.1103) was obtained from Iran University of Medical

Sciences. Written consent was obtained from the participants before the study. Participants' preferences were taken into consideration while determining the best time and location for the interviews, which lasted anywhere from 20 to 45 minutes.

At the beginning of the interview, necessary explanations were given regarding the questions and the purpose of the study. All the questions were about the research issue for example, participants were asked the following questions: As a student, have you completed a training course on working with the elderly to provide better and more quality services? What changes do you suggest in theoretical, practical, and internship units? We tried to reach the depth of the participants' experiences during the interview by using additional questions. In addition, during the interview, attention was paid to body language by taking notes. In this research, we tried to maximize diversity in collecting participants and information. Although the aim of this study was not to generalize the results, according to the results of other research, similarities were seen in this field, and finally, the following concepts were discussed.

To ensure the accuracy and robustness of the data, the researcher was fully involved in obtaining information during this research, which took 6 months. The texts of the interviews and the list of classes were reviewed by professors with sufficient experience conducting qualitative research. Also, after analyzing the information, the extracted results were approved by the participants to ensure the accuracy of the results. Then, the results were referred to several expert professors in qualitative research to confirm and present their opinions, and their points were also considered. Finally, a full effort was made to convey the opinions of the participants in the research accurately. Also, the participants were assured that their names and information would remain confidential and they could withdraw from the research at any time.

For data analysis, determination of conceptual units, coding of text, control, and harmonization of codes with text, division, and expansion based on groups of similarities and congruences were presented. To ensure that the codes were strong, the primary classes were accurately diagnosed, the categories were compared to one another, and the results were reported; then, the classes were reviewed and compared with the data once more (10).

To further explore and deepen the interview, probed follow-up questions and other items were asked based on the interviewee's answer (eg, questions such as "Explain more, if possible."). According to the mentioned procedures, audio recording and nonverbal communication were used. The text was typed word by word at the end of each interview. To achieve the meaning and understanding of the desired phenomenon and immersion in it, the text of the interview was read several times and analyzed (11). According to the concepts in the interview text, semantic units were separated into codes and mentioned next to the text. Codes that were conceptually close to each other were placed in one category. Similar categories were placed in separate classes.

Table 1. Demographic Document of Participants

Type of center	Work experience	Workplace	Special field	Education	University	Occupation	Age	Row
Private	3 years	Vaght e Zendegi -Comprehensive daily care center for the elderly	Neurologic	PHD	Iran UMS	Physiotherapist	31	1
Private	7years	Vaght e Zendegi -Comprehensive daily care center for the elderly	Musculoskeletal Neurologic	MSc	Tehran UMS	Physiotherapist	31	2
Private	4 years	Ashiyane Mehr-Nursing home for the elderly	Musculoskeletal Neurologic	BSc	Mashhad UMS	Physiotherapist	27	3
Governmental	25 years	Sataish Elderly Day Care and Rehabilitation Center	Musculoskeletal Geriatric	BSc	Tehran UMS	Physiotherapist	50	4
Governmental	3 years	Hashminejad Charitable Nursing Home for the Disabled and Elderly	Neurologic Geriatric	PHD	Ahvaz UMS	Physiotherapist	42	5
Private	6 years	Shakiba care and rehabilitation center for the elderly, Mahia care and rehabilitation center for the elderly	Musculoskeletal Geriatric	BSc	Semnan UMS	Physiotherapist	50	6
Governmental	8 years	Kehrizak day and night nursing home for the disabled and the elderly	Musculoskeletal Geriatric	PHD	Behzisti UMS	Physiotherapist	32	7
Governmental	8 years	Kehrizak day and night nursing home for the disabled and the elderly	Geriatric	PHD	Ahvaz UMS	Physiotherapist	31	8
Governmental	7 years	Neuro rehab Department of Rafidah Rehabilitation Hospital	Neurologic Geriatric	PHD	Tarbiat Modarres UMS	Physiotherapist	40	9
Governmental	3 years	Kahrizak Charity Hospital, Alborz Province	Musculoskeletal Geriatric	BSc	Shiraz UMS	Physiotherapist	41	10
Governmental	7 years	Kahrizak Charity Hospital, Alborz Province	Neurologic Geriatric	BSc	Semnan UMS	Physiotherapist	30	11
Governmental	5 years	Kahrizak Charity Hospital, Alborz Province	Geriatric	BSc	Ahvaz UMS	Physiotherapist	30	12
Governmental	7 years	Kahrizak Charity Hospital, Alborz Province	Musculoskeletal Geriatric	MSC	Behzisti UMS	Physiotherapist	41	13

## Results

Clinical competence is necessary to develop sufficient knowledge, attitudes, and skills to train professionals to care for the elderly (8, 9). Hence, in this study, after carefully reading the interviews and separating the conceptual units as codes, 29 primary codes were obtained by continuous comparison in 3 main categories of knowledge, attitude, and skill of physical therapists (Table 2).

### First floor: Physical Therapists' Knowledge

#### • Lack of Knowledge of the Risk of Falls in the Elderly and Their Complications

The lack of understanding regarding the causes of falls and associated repercussions is one of the shortcomings of the physical therapy training program. The most frequent cause of disability among the elderly is falls, which can be caused by muscle weakness, vision loss, and chronic conditions such as low blood pressure and heart disease (12). Physical therapists are capable of successfully treating and preventing aging-related conditions, including falls and their recurrence (13).

#### • Lack of Familiarity With the Dose and Type of Exercise Suitable for the Elderly

One of the main needs of physical therapists while providing services to older people is to provide exercises suitable for the conditions of old age (14). Participant number 12 said, "I hope to learn how to maximize a therapy session with an elderly person without putting too much pressure on them.

*How can I design the best program for an older athlete? I would like to know more about the exercise recommendations that apply to the typical older adult and then modify them for older adults with multiple comorbidities to determine the appropriate intensity of exercise, the optimal progress of intervention, the consequences of postural dysfunction on resistance training, and how to prioritize disorders ...."*

#### • Lack of Physical Therapy Course for the Elderly

Elderly people are one of the main groups of people who refer to physical therapy treatment centers, thus, a physical therapist must have sufficient knowledge in the field of old age (14). Participant number 9 also stated, "For example,

Table 2. Defects and Shortcomings of the Field of Physiotherapy in terms of Aging Content

The codes	Below the themes	Themes
<ul style="list-style-type: none"> <li>• Lack of knowledge of the risk of falls in the Elderly and their complications</li> <li>• Lack of familiarity with the dose and type of exercise suitable for the elderly</li> <li>• Lack of Physical Therapy Courses for the Elderly</li> <li>• Lack of knowledge about the drugs used by the elderly and their side effects and drug interactions, lack of knowledge about psychological changes and cognitive disorders of old age.</li> </ul>	Physiotherapist Knowledge	Defects and Shortcomings of Physiotherapy in terms of Aging Content
<ul style="list-style-type: none"> <li>• Lack of knowledge of the Precautions of using Electrotherapy in the Elderly</li> <li>• Lack of knowledge of Elderly Physiology</li> <li>• Lack of Familiarity with Sexual Disorders and Pelvic Floor Function</li> <li>• Lack of knowledge of Various Diseases of the elderly age and their Causes</li> <li>• Lack of Knowledge of Nutrition in the Elderly</li> <li>• Lack of awareness of the Sociology of the Elderly</li> <li>• Lack of awareness of Health Care for the Elderly</li> <li>• The involvement of other unrelated fields in the physiotherapy of the elderly</li> <li>• Lack of enough interest and motivation of the physiotherapist during the physiotherapy of the elderly</li> </ul>	Physiotherapist's Attitude	
<ul style="list-style-type: none"> <li>• Lack of awareness of the essential Needs and Priorities of Life of the elderly and the Need for Respect and Attention</li> <li>• Lack of Cooperation of the Geriatric Treatment Team</li> <li>• Time-consuming Communication with the elderly</li> <li>• Lack of Recognition of elderly Age with a Holistic View</li> <li>• Lack of familiarity with How to Effectively Communicate with elderly People and their Families</li> </ul>		
<ul style="list-style-type: none"> <li>• Lack of internships in the field of geriatrics</li> <li>• Lack of Specialized Exercise Therapy for the Elderly</li> <li>• Lack of a Codified Program in the Field of Prevention and Multifaceted Evaluation of Physiotherapy for the Elderly</li> <li>• Lack of Awareness of the Continued Monitoring of the Elderly during Treatment</li> </ul>	Physiotherapist Skills	
<ul style="list-style-type: none"> <li>• Lack of awareness in Prioritizing the Problems of the elderly</li> <li>• Lack of experience uncommunicative and caring for the elderly</li> <li>• Failure to Manage the Elderly with Multiple Diseases</li> <li>• Lack of awareness of the Ways to Follow the Treatment</li> </ul>		

physical therapy for the elderly is a major issue now that the country's population is aging, and I, as a physical therapist, do not have enough information to respond to the treatment needs of the elderly...."

• *Lack of Knowledge About the Drugs Used by the Elderly and Their Side Effects and Drug Interactions, Lack of Knowledge About Psychological Changes and Cognitive Disorders of Old Age*

Compared to other age groups, the elderly suffer from chronic diseases, including psychological disorders, which are common in them, and drug therapy is one of the common treatments in the elderly (15). As an example, participant number 11 expressed dissatisfaction, saying, "For instance, we should have taken a course on the ailments or medications of the elderly. For instance, we would later learn that this medication causes Parkinson's patients to exhibit these symptoms; if the dosage is raised, the symptoms would also be as follows." They further said: "Mental-psychological changes affect the body as well...."

**Lack of Knowledge of the Precautions of Using Electrotherapy in the Elderly**

Among the complications of old age, sensory disorders, cognitive disorders, and inability to communicate were mentioned. Therefore, a physical therapist should be fully aware of injury cases and precautions in treating the elderly during electrotherapy treatment (16). Participant number 6

stated: "Many elderly people now wear devices that cause burns because of the feeling that they have to carry everything. I'd like to learn about red flags specific to the older adult population."

• *Lack of Knowledge of Elderly Physiology*

Upon entering old age, large and physical changes, as well as physiological and microscopic changes, ultimately change all body systems leading to deterioration (14). For example, participant number 5 stated: "I would like to know what has changed in the physiology of the elderly. What has changed in the function of muscles and the cardiopulmonary system? And we have no background, and do not differentiate between 30-year-old and 60-year-old patients...." Participant 8 also stated: "Topics that are very common and I would like to learn more about how to deal with these challenges. I would like to know more about how the mental and psychological aspect of aging affects the elderly and how it can be compensated for."

• *Lack of Familiarity With Sexual Disorders and Pelvic Floor Function*

Among the other complications mentioned in elderly age are sexual and functional disorders of the pelvic floor, which provide the background for mental-psychological injuries and immobility, and falls and their secondary complications (17). For example, Participant number 1 stated: "I think the undergraduate course is too intensive and too much. At least the seniors should work professionally on



the pelvic floor...."

- *Lack of Knowledge About Various Diseases of elderly age and Their Causes*

Elderly adults are more likely to have many illnesses. Elderly people's quality of life is enhanced by their knowledge of these illnesses and their complications (18). Consequently, participant 8 is also present: "In terms of range of motion, osteoporosis, and orthopedics, as well as in terms of Alzheimer's and Huntington's neurology, the content must be free of recognized diseases that arise in accordance with age conditions, or controlling their feces and urine." They have a number of underlying illnesses that, if left untreated, make things worse.

- *Lack of Knowledge of Nutrition in the Elderly*

The occurrence of many diseases, such as cardiovascular diseases, high blood pressure, diabetes, et cetera, due to nutritional restrictions causes the aggravation of diseases and the lack of various minerals and vitamins (14). In this regard, participant 4 said: "In general, it is necessary for a physical therapist, for example, that an elderly person with osteoporosis, has a series of nutritional needs to help his problem, so he needs to have information on elderly nutrition diets."

- *Lack of Awareness of the Sociology of the Elderly*

Aging can be defined from biological, psychological, calendar, demographic, and social dimensions, and it is better to include all these axes in the definition of aging (19). Participant number 5 stated: "Gerontology is an interdisciplinary course. They study the sociology of the elderly, their medical and psychological aspects, and even a series of courses related to physical activities and their diseases. If we could have, for example, 2 courses, we will at least know about aging and about what effects it has on society."

- *Lack of Awareness of Health Care for the Elderly*

A healthy population is a health success that will become a big challenge if not properly planned (13). Participant number 5 stated: "If we have a course in the educational curriculum focusing on the health of the elderly so that we can get to know them better, we can help prevent the problems of the elderly."

### **Second Floor: Physiotherapist's Attitude**

- *Involvement of Other Unrelated Fields in the Physiotherapy of the Elderly*

When an elderly person has a problem, due to their special physical conditions, the treatment and prevention of their problems should be considered with special sensitivity, and the provision of services by nonspecialists in this field leads to a threat to the health conditions of the elderly (20). For example, participant number 1 also stated: "I worked at a center where physical education graduates worked on preventing elderly aging problems. For example, there was an 80-year-old man with Parkinson's disease with bending posture, and they pretended that this did not happen and did not ask us for advice."

- *Lack of Enough Interest and Motivation of the Physiotherapist During the Physiotherapy of the Elderly*

According to the participants' statements, the lack of enthusiasm and interest of physical therapists when working makes them not perform well and thus job satisfaction decreases. Participant number 10 stated: "I've learned the importance of letting patients take the lead and not showing favoritism that just because someone is older doesn't mean they are unable to participate."

Also, participant number 5 stated: "I want to build more confidence to work with this population without fear of pushing them too much or asking them to do things that are unsafe for their age."

- *Lack of Awareness of the Essential Needs and Priorities of Life of the Elderly and Need for Respect and Attention*

When evaluating older adults' physical therapy and planning their treatment, one of the criteria under consideration is the priorities and expectations that older people have from their treatment (21). Participant number 7 stated: "When we meet the elderly, life is defined in terms of their essential needs, and as a physical therapist, I should know that their most essential needs are to prevent falls and maintain their independence...."

- *Lack of Cooperation of the Geriatric Treatment Team*

People develop illnesses in their later years that call for medical care.

For instance, participant 4 said: "A physical therapist should always collaborate with physicians, psychologists, nurses, occupational therapists...., who work in geriatric rehabilitation group centers and need advice and counseling when needed."

- *Time-Consuming Communication with the Elderly*

The elderly need long-term care and treatment for many reasons that occur in different body systems, thus, programs need to improve the attitude toward the elderly (22).

Participant number 4 also stated in this regard: "One of the differences between the elderly centers and other medical centers is that the relationship with the healthy and the type of relationship with the outpatients are different, and they have an emotional relationship, and the physical therapist should be like a family member."

- *Lack of Recognition of Elderly Age With a Holistic View*

People are more than their collections, according to the holistic perspective, and actions must go beyond the function of the constituent parts (22). "Look at the individual instead of the disease," said participant 5. For instance, "let's say old age has arrived. I'm expected to understand and resolve a collection of challenges."

### **Third Floor: Physiotherapist Skills**

- *Lack of Familiarity of How to Effectively Communicate With elderly People and their Family*

To communicate effectively, physical therapists, as a healthcare team member must learn to identify barriers to information exchange and find skillful ways to deal with them. For example, participant number 5 stated: "Effective communication is an important principle in the treatment of the elderly and makes it easy for them to help in their

treatment. You have to communicate with the elderly so that they listen to you. Also, I am interested in learning how to appropriately include the patient's family in the discussion of care."

• *Lack of Internships in Geriatrics*

It is possible to provide the correct services to older people in the shadow of human resources training, which requires both basic theoretical knowledge and care for the elderly. Participant number 6 stated: "When we go to boarding centers with the elderly, we realize what the elderly are like because we always see the elderly in the clinic...."

• *Lack of Specialized Exercise Therapy for the Elderly*

Exercise therapy is one of the most important treatment services physical therapists provide to elderly people. Participant number 12 stated: "For example, I start training with an elderly person, I see he has no ability and stops training, and we understand he is tired. For the same reason, I would like to learn (1) treatment prioritization and (2) creative/differentiated exercise prescriptions for when patients have comorbidities.

• *Lack of a Codified Program in the Field of Prevention and Multifaceted Evaluation of Physiotherapy for the Elderly*

In the medical profession, all aspects of the needs of the elderly—including psychological, physical, and social—are considered and seen as a whole, not only relying on the signs and symptoms of the disease but also focusing on the disease itself and the root causes of the disease (14,15). For example, participant number 13 stated: "Unhealthy lifestyles are very common in the occurrence of pain in the elderly; we should be able to give them advice and prognosis."

• *Lack of Awareness of the Continued Monitoring of the Elderly During Treatment*

In addition, evaluating physiological factors allows early detection of accidents and prevention of secondary injuries (23). Participant number 13 stated: "Monitoring is more sensitive in the elderly because they have underlying diseases. They have high blood pressure, high blood sugar, maybe children's blood sugar drops or rises because they exercise too much...."

• *Lack of Recognition of the Method of Strengthening the Motivation of the Elderly and Their Caregivers*

Motivating older people is one of the important ways to maintain their physical and mental health, their families, and the whole society (15). Participant number 11 stated: "I'm interested in learning how to help complex patients understand what to anticipate as they age and how to offer support and encouragement to preserve a high standard of living. Working with and inspiring an elderly patient is something I would like to acquire more effective techniques for. I'm curious to know if they have an understanding of our course of treatment."

• *Lack of Awareness in Prioritizing the Problems of the Elderly*

To know what health problems to prioritize and treat, it is necessary to know the physical-psychological-cognitive condition of the elderly (14). In this regard, participant number 4 stated: "For example, when an elderly person has

a deep injury, we don't pay much attention to the degenerative joint disease of his knee anymore. We prioritize the most important one. After we solve it, we go to the rest of his problems, which I learned after several years of work...."

• *Lack of Experience in Communication and Caring for the Elderly*

Limited communication experience with elderly people and caring for them is one of the factors affecting the communication skills of physical therapists (14). Participant number 7 admitted: "I did not hear from any of the physical therapists in the university who worked with the elderly. The first time I came to work at the center, I had so many challenges. I did not know much, so I went to study myself because I had 1 or 2 sessions. I want to improve my personal skills when working with the elderly, I know that each patient has his own perception of aging...."

• *Failure to Manage the Elderly With Multiple Diseases*

The physical and mental diseases of the elderly, conditions, and emotional support from others make them manage the health of people and how to treat them (24).

In this regard, participant number 3 also stated: "There are many mental problems in the elderly; for example, how can we manage and treat an elderly person who is also depressed and has Alzheimer's and knee arthritis?"

• *Lack of Awareness of the Ways to Follow the Treatment*

One of the main concerns of geriatric health psychology is noncompliance with treatment recommendations. Participant number 3 stated: "We give a series of exercises about daily physical activity, but I need to know how to convince them to do it...."

The clinical qualification of a professional physical therapist depends on knowledge, attitude, and skill. Some graduates have sufficient knowledge in the field of old age, but they do not have a positive attitude to work in this field and ultimately do not provide quality and appropriate services.

**Discussion**

To review the educational program of physical therapy students at the basic level, it is necessary to know the challenges and problems faced by the physical therapy graduates when working with the elderly. In this regard, the results of this research showed that the basic educational program of physical therapy has deficiencies in the 3 levels of awareness, attitude, and skill and needs to be revised. For that, physical therapists who provide quality services to the elderly must feel their complex and multifaceted conditions closely during their training course. The causes and treatment of musculoskeletal disorders in the old (12), should include an adequate understanding of diseases that affect the elderly, including blood pressure, diabetes, medicine side effects, urine and excretory sexual disorders, joint pains, et cetera (25).

It is also related to movement, behavioral, cognitive, mental, and spiritual disorders of old age (24). One of the most important trainings of physical therapists is the priorities of an older adult's life. The opinion of a young physical therapist, understanding the signs and conditions of the elderly who, for example, have severe and advanced arthritis, or suffer from severe imbalance. Understanding cognitive

and memory disorders is very difficult and complex unless the therapist gets involved with the life of the elderly and gets to know how the elderly look at life (sociology of the elderly) (14).

The elderly need therapists who are kind and responsible, and who have emotional and psychological needs and the spirit of old age (26). Older people need respect more than any other age group. They will not obey therapists who do not pay attention and empathize with them and do not respect them. Unfortunately, professional ethics courses are not prepared for physical therapy students, and the greatest focus is on preparing the students to diagnose and treat the elderly. In many parts of the world, physical therapists are reluctant to treat the elderly for a variety of reasons. These include the fact that treating the elderly takes time (27), that paying therapists for their time (27), that paying physical therapists a fair wage is important, that the elderly have advanced diseases (25), that the elderly do not cooperate, that the elderly have mood and memory disorders (26), that the elderly are depressed, and that physical therapists are faced with the fact that their treatment will never be finished. Studies have indicated that physical therapists' motivation can be raised by having a better understanding of the sociology of aging.

Physical therapy graduates are not aware of the difference between the specialized treatment of the elderly and ordinary people; one of the main ways is that they do have a specialized course of therapeutic exercise for older people in care centers and are not familiar with their conditions. Considering the growing trend of aging in Iran (1), it is necessary that the skill of physical therapists is formed in the real environment where the elderly live, and the student can become a professional in real conditions (12). Therapeutic exercise in the elderly prevents the occurrence or progression of heart, respiratory, and neuromusculoskeletal diseases (12). The design of exercises for the elderly should be such that the mental limitations and activities of the elderly, including musculoskeletal problems and chronic disorders on the other hand, increase the properties and improve the capabilities of the elderly. In this regard and in line with this factor, the use of practical exercises along with continuous monitoring of elderly people during exercise was very effective (23). Also, exercise therapy in the elderly is in accordance with a research by Rockert (4).

In the real-life environment of the elderly, learners are related to the conceptual complexity of the elderly who have psychological and psychological cognitive disorders (15) and it is important to be familiar with continuous monitoring during the provision of services (23). On the other hand, elderly people have a hard time trusting young therapists because they feel that young people do not understand their conditions well. Among other hearing problems of the elderly, not using hearing aids, is a big communication obstacle between older people and the medical staff (23).

Prevention is always better than cure. Looking at the history of progress, we can see that throughout history this aspect of health has not been paid attention to and the most emphasis has been on treatment. Because of the multidimensional problems of the elderly, we must have a written program for the development of sports (28). To conduct a

thorough assessment of the needs of this demographic, it is necessary to plan the delivery of reference medical services, establish the most appropriate cost, and identify the most distinctive and special health and social services in the locations where older people face the most significant challenges (29).

A needs assessment can be the initial step in planning any program in order to accomplish the objectives and establish priorities for action (30). The idea that there is a problem in the realm of health that needs to be assessed is necessary in the context of health and treatment services. The issue is resolved if it is correctly detected and serviced. Investigations into the attitudes of physical therapists employed in non-elderly professions are recommended, and the findings of the study may serve as a roadmap for the scientific training of physical therapy for the elderly.

### Conclusion

According to the study's findings, physical therapists must be able to assess older patients' various issues in both general as well as specific ways using a readily available form. Regular basic or postgraduate internships at daily or overnight care facilities for the elderly give students and recent graduates the chance to interact with the elderly, gain a better understanding of the aging process, and develop their skill sets. The identification of the general, physiological, sociocognitive, physical, and psychological situations of the elderly must be part of a lesson plan that takes a holistic approach, such as a physical therapy unit.

In order to avoid the issues and difficulties of old age, the lesson plan should also look at the elderly in terms of underlying disorders, medications taken and their interactions, elder-specific therapy, and consultations and advice. The scientific educational program of physical therapy for the elderly can be guided by the findings of this study.

### Authors' Contributions

Design and conceptualization, performing analysis and interpretation, drafting the article and review: M.T., S.N.D., M.Y., and J.S.

Data collection: M.T.

### Ethical Considerations

This study was approved by the Ethics Committee of the Iran University of Medical Sciences (ethics code: IR.IUMS.REC.1400.1103) and was conducted under the rules of the Declaration of Helsinki. Written informed consent for participation was applied in this study.

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### Conflict of Interests

The authors declare that they have no competing interests.



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